

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishment Name Crounded Cose  Establishment Address (number and street, city, state, zip code)  4407 Churk sham Rd Nam Mb my 100 47150  Owner  Hollside Christian Church  Owner's Address  Person in Charge  Person in Charge  Responsible Person's E-mail  Certified Food Manager  Had Kore (2/27/24) |             |     |                                | Purpose:  . Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list) | Follow- Summar C Menu T | up Relea  You have a second of the control of the c | R D |  |
|--|-------------|-----|--------------------------------|--|-------------------------|--|-----|--|
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"   |             |     |                                |  |                         |  |     |  |
| Section#   | C/NC        | R   | Narra                          |  |                         |  |     |  |
| Received by  | (signature) | Ru  | rinted):  The Contract Manager | Inspected by (name and tit   | le printed):            |  |     |  |
| ec:  | ) لس        | 17. | cc:                            |  |                         | 1  |     |  |